

SERFF Tracking Number: AETN-128108443 State: Arkansas
Filing Company: Continental Life Insurance Company of
Brentwood, Tennessee State Tracking Number:
Company Tracking Number: MEDICARE SUPPLEMENT MULTIPLE POLICY REPORT FILING
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: Medicare Supplement
Project Name/Number: 2011 Multiple Policy Report/Multiple Policy Report

Filing at a Glance

Company: Continental Life Insurance Company of Brentwood, Tennessee
Product Name: Medicare Supplement SERFF Tr Num: AETN-128108443 State: Arkansas
TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Accepted State Tr Num:
For Informational Purposes
Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: MEDICARE State Status: Filed-Closed
Other 2010 SUPPLEMENT MULTIPLE POLICY
REPORT FILING
Filing Type: Form Reviewer(s): Stephanie Fowler
Authors: Mary Ann Pyle, Lori Rodman Disposition Date: 02/28/2012
Date Submitted: 02/23/2012 Disposition Status: Accepted For
Informational Purposes
Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

Project Name: 2011 Multiple Policy Report Status of Filing in Domicile: Not Filed
Project Number: Multiple Policy Report Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 02/28/2012
State Status Changed: 02/28/2012
Deemer Date: Created By: Lori Rodman
Submitted By: Lori Rodman Corresponding Filing Tracking Number:
Filing Description:
Purpose of filing is to submit the Form for Reporting Medicare Supplement Multiple Policies for calendar year 2011. The form is to report on all Individual Medicare Supplement policies in your state.

Company and Contact

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Filing Contact Information

Lori Rodman, Compliance Consultant RodmanL@Aetna.com
101 Continental Place 615-373-0272 [Phone]
Brentwood, TN 37027

Filing Company Information

Continental Life Insurance Company of CoCode: 68500 State of Domicile: Tennessee
Brentwood, Tennessee
101 Continental Place Group Code:
Brentwood, TN 37027 Group Name: Company Type:
(615) 370-9044 ext. [Phone] FEIN Number: 62-1181209 State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|--------|----------------|---------------|
| Continental Life Insurance Company of Brentwood, Tennessee | \$0.00 | 02/23/2012 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------|------------|----------------|
|--------|------------|------------|----------------|

| | | | |
|--|--|------------|------------|
| Accepted For Stephanie Fowler Informational Purposes | | 02/28/2012 | 02/28/2012 |
|--|--|------------|------------|

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|------------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Stephanie Fowler | 02/28/2012 | 02/28/2012 | | | |

SERFF Tracking Number: *AETN-128108443* *State:* *Arkansas*
Filing Company: *Continental Life Insurance Company of* *State Tracking Number:*
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Company Tracking Number: *MEDICARE SUPPLEMENT MULTIPLE POLICY REPORT FILING*
TOI: *MS09 Medicare Supplement - Other 2010* *Sub-TOI:* *MS09.000 Medicare Supplement Other 2010*
Product Name: *Medicare Supplement*
Project Name/Number: *2011 Multiple Policy Report/Multiple Policy Report*

Disposition

Disposition Date: 02/28/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Please disregard the previous objection letter.

Rate data does NOT apply to filing.

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------------------|------------------------|---------------|
| Supporting Document | Flesch Certification | | No |
| Supporting Document | Application | | No |
| Supporting Document | Health - Actuarial Justification | | No |
| Supporting Document | Outline of Coverage | | No |
| Form | Multiple Policy Report Annual Filing | Accepted for | No |
| | | Informational Purposes | |

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/28/2012
Submitted Date 02/28/2012
Respond By Date 03/28/2012

Dear Lori Rodman,

This will acknowledge receipt of the captioned filing. Please either state there are no duplicate policies in this State or attach the appropriate form.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Form Schedule

Lead Form Number:

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---|-------------|-----------|--------------------------------------|---------|----------------------|-------------|---------------------------------------|
| Accepted for Information al Purposes 02/28/2012 | n/a | Other | Multiple Policy Report Annual Filing | Initial | | | AR_Multiple Policy Annual Filing.xlsx |

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Bypassed - Item: Flesch Certification Bypass Reason: n/a Comments: | | |
| Bypassed - Item: Application Bypass Reason: n/a Comments: | | |
| Bypassed - Item: Health - Actuarial Justification Bypass Reason: n/a Comments: | | |
| Bypassed - Item: Outline of Coverage Bypass Reason: n/a Comments: | | |